PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax 871-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notifical	form should be used if correspondence including d below or directed off- tions.	or transmitting the ISSU og the Patent, advance of nerwise in Block 1, by (a					hould be completed when correspondence address a arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.				
23552	7590 02/17	72009						
MERCHANT of P.O. BOX 2903 MINNEAPOLIS	1 ho Sta add trar	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Unites States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimilt transmitted to the USFTO (571) 273-2855, on the date indicated below.						
			м	egan M. Mi	ller	$\overline{}$	(Depositor's name)	
				120	300	1~	(Signature)	
			A	pril 2/1, 2	969 (f	ile electron	ically) (Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/549,546 09/14/2005			Martine Barth	11123.0101USWO		1427		
TITLE OF INVENTION PAIN			S, METHOD FOR PROD					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISS	UE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0		\$1810	05/18/2009	
EXAM	INER	ART UNIT	CLASS-SUBCLASS	J				
MURRAY, JEFFREY H		1624	514-250000					
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/12; Rev 0.3-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to or agents OR, alternati (2) the name of a sing registered attorney or	ame of a single firm (having as a member a d attorney or agent) and the names of up to red patent attorneys or seents. If no name is 2				
3. ASSIGNEE NAME AL	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or ty	pe)			***************************************	
PLEASE NOTE: Unle recordation as set forth	ess an assignee is identi n in 37 CFR 3.11. Comp	fied below, no assignee detion of this form is NO	data will appear on the p T a substitute for filing an	atent. If an assi	gnee is id	lentified below, the d	ocument has been filed fo	
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Laboratoires Fournier S.A.			Dijon, Fra	Dijon, France				
Please check the appropri	ate assignee category or	categories (will not be pr	inted on the patent):	Individual 🗵	Corporati	on or other private gro	oup entity 🗖 Governmen	
4a. The following fee(s) a	are submitted:	48	. Payment of Fee(s): (Plea	ase first reapply	any prev	iously paid issue fee	shown above)	
Issue Fee			A check is enclosed.					
Publication Fee (No small entity discount permitted) Advance Order - # of Copies			☑ Payment by credit card. Form PTO-2038 is attached. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-2725 (enclose an extra copy of this form).					
5. Change in Entity Stat	us (from status indicated	i above)				· · · · · · · · · · · · · · · · · · ·		
a. Applicant claims	SMALL ENTITY statu	is. See 37 CFR 1.27.	b. Applicant is no lon	ger claiming SM	ALL EN	FITY status. See 37 Cl	FR 1.27(g)(2).	
NOTE: The Issue Fee and interest as shown by the r	i Publication Fee (if requecords of the United Sta	ired) will not be accepted to Patent and Trademark	d from anyone other than	the applicant; a re	gistered a	attorney or agent; or th	e assignee or other party is	
Authorized Signature	Day [1]	nn		Date Apr				
Typed or printed name Gyegory A. Sebald			Registration No33,280					
This collection of informs an application. Confident submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2231	ation is required by 37 C iality is governed by 35 application form to the ons for reducing this but irginia 22313-1450. DO 13-1450.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR (on is required to obtain or 1.14. This collection is es depending upon the individue Chief Information Offic COMPLETED FORMS To spond to a collection of information of inf	retain a benefit by timated to take 12 vidual case. Any er, U.S. Patent ar O THIS ADDRE	y the publ 2 minutes comment id Traden SS. SENI	tic which is to file (and to complete, including s on the amount of tin nark Office, U.S. Deput D TO: Commissioner	by the USPTO to process g gathering, preparing, an ne you require to complet artment of Commerce, P.O. for Patents, P.O. Box 1450	